

**U.S. Department of Justice  
United States Marshals Service**

## PROCESS RECEIPT AND RETURN

PLAINTIFF	CASSIUS M. CLAY SR.,	COURT CASE NUMBER 05-125E
DEFENDANT	TRACEY REEVES, et al.,	TYPE OF PROCESS Civil Action 1983
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
SERVE AT	Candice Brunner /GETTINGS: MAILROOM SUPERVISOR S.C.I. GREENSBURG	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) R.D. #10, Box 10, Greensburg, PA 15601	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	
<input type="checkbox"/> <b>CASSIUS M. CLAY SR.,</b> <b>INMATE #DQ5954</b> <b>P.O. BOX 945</b> <input type="checkbox"/> <b>Marienville, PA 16239</b>		Number of parties to be served in this case	
		Check for service on U.S.A.	

**MAY GO BY CANDIS GETTINGS.**

CAN BE REACHED BETWEEN 5:30a.m. - 9:00a.m. / 1:00p.m.-4:30p.m.  
WORKS IN PRISON MAILROOM/DELIVERY AT S.C.I. GREENSBURG  
IN GREENSBURG, PA.

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>Carrie M. Clay Jr.</i>		(814) 621-2110	1/9/06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process  	District of Origin  No. <u>68</u>	District to Serve  No. <u>68</u>	Signature of Authorized USMS Deputy or Clerk  	Date  <u>1/12/06</u>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion  
then residing in defendant's usual place  
of abode.

Address (complete only if different than shown above)

Date 1/27/06	Time 0833 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>Becky</i>	

Service Fee	Total Mileage Charges including endearments)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
70					

REMARKS: FORWARDED 1-13-06

Chm. 63 (a)

**PRINT COPIES:** I. CLERK OF THE COURT

- 1. CLERK OF THE COURT**
- 2. USMS RECORD**
- 3. NOTICE OF SERVICE**
- 4. BILLING STATEMENT\*:** To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
- 5. ACKNOWLEDGMENT OF RECEIPT**

**PRIOR EDITIONS MAY BE USED**